

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF _____**

In the Matter of the Petition of

(Petitioners)

**CONSENT TO ADOPTION BY PARENT(S)
(IN CALIFORNIA)**

I, the undersigned, being the parent of _____ (Gender: M F)
(Name of Minor)

give my full and free consent to the adoption of said child by

(Name of Petitioners)

the petitioners. I understand that I may revoke this consent only during the ninety (90) day period beginning on the date I sign this consent and only if I have not waived my right to revoke the consent. I further understand that with the signing of the order of adoption by the court I shall give up all my rights of custody, services, and earnings of said child and I may not reclaim said child.

Said child was born on _____ Date _____ in _____ City and State _____.

DATE

DATE

SIGNATURE OF MOTHER

SIGNATURE OF FATHER

Signed in the presence of:

SIGNATURE OF REPRESENTATIVE: CALIFORNIA DEPARTMENT OF SOCIAL SERVICES OR DELEGATED COUNTY ADOPTION AGENCY

CDSS DISTRICT OFFICE OR COUNTY OFFICE

ADDRESS:

TELEPHONE NUMBER: